

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4	1					
5		1				
6		1				
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39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	45					
TOTAL DEP.	4					
TOTAL CLAIMS	49					

SERIAL NO. FILING DATE
APPLICANT(S)
CLAIMS
IND. DEP.

Best Available Copy